

each containing a single dose. All aseptic precautions should be observed, and the injections should be made deeply in *loco dolenti* and successively along the course of the nerve, so far as it is painful. The pain may not yield after the first nor the second, but will after a series of injections. The cure is usually complete and persistent.—*Bulletin Général de Thérapeutique*, 1897, 10e liv. p. 433.

Treatment of Acne.—DR. S. EHRMANN, after mentioning various remedial measures intended to improve the general conditions, recommends the following formula: Resorcin, 3; adeps lanae hydrosi, 15; ointment, 5, which is of thick consistence, and should be left in place for fifteen hours. In the interval washing is allowed, but only with mild soap. Besides this ointment systematic opening of the pustules should be carried out, and when opened the cavity should be treated with a small drop of a 20 per cent. solution of carbolic acid in alcohol.—*Therapeutische Wochenschrift*, 1897, No. 19, S. 457.

The Waters of Bourbon-l'Archambault.—DRS. RIGAL and POURRAT report the results of their observations as follows: The water flows at a temperature of 125° F., and contains about one-sixth of its volume of carbon dioxide and 4.42 per cent. of fixed residue. Of the latter, 2.34 per cent. is chlorides, 1.34 per cent. bicarbonates, with silicates, sulphates, and iron oxide in small quantities. The waters are harmful for marked tuberculous lesions, but of manifest utility for rheumatism in all its forms, even when complicated by heart-lesions. Neuralgia and especially sciatica are generally cured. They are useful in lesions consecutive to fractures and dislocations. They have some influence upon the pains of tabes dorsalis. They are certainly useful in peripheral neuritis, paralysis, and hemiplegia. Baths and douches are the methods employed in the treatment of the above-mentioned conditions.—*Archives de Médecine et de Pharmacie Militaires*, 1897, No. 6, p. 339.

The Action of Phosphorus in Chlorosis and Anæmia.—DR. ANGELO CASATI notes that failures in the use of iron are frequently met with in these conditions, and these appear to be dependent upon the absolute loss of appetite. The restoration of the appetite is brought about by phosphorus, and then sufficient iron can be absorbed in form of the ordinary medicinal preparations or in the foods which contain iron, as meat, eggs, lentils, and red wine. The best method of administering the remedy is as the phosphorated oil in gelatin capsule, each containing one sixty-fourth of a grain of the drug. The treatment is begun by giving one capsule each day, and every second day increasing by one capsule until five are taken each day. Then the dose is diminished in the same way until the initial dose of one capsule is reached. If the appetite is not permanently benefited after ten days, the treatment is repeated.—*Gazzetta degli Ospedali*, 1897, No. 4, p. 37.

Treatment of Palpitation.—DR. HENRI HUCHARD treats this symptom according to its cause. The palpitation of toxic origin (coffee, tobacco) or from drugs (quinine) disappears when the cause is removed. If it is of gastro-intestinal origin and generally nocturnal, due to dyspepsia, with excess of hydrochloric acid, alkalies in sufficient dose and regulation of diet

are necessary. Iron does not produce palpitation unless in consequence of its intemperate administration, as in dyspeptic chlorosis it produces or accentuates a drug gastropathy. Since it is true that there is no part of the body which may not be the cause of cardiac palpitation, it is necessary to investigate all possible causes before attributing a lesion to the heart. Of these lesions which are accompanied by palpitation (acute aortitis at its commencement, acute endocarditis and pericarditis, pericardial adhesions, obstruction or insufficiency at the mitral valve), the symptoms of cardiac erethism are benefited by a pill of one and one-half grains of quinine hydrobromate, three-fourths of a grain each of powdered digitalis and extract of convallaria, twice to four times daily.—*Revue Général de Clinique et de Thérapeutique*, 1897, No. 18, p. 276.

Commelina.—MR. ALFONSO HERREBA has made a chemical analysis of this Mexican plant. In the extract was found a proteid principle and potassium chloride, which apparently possesses hæmostatic properties. The theory of action suggested is that the proteid principle of the plant mixed with the effused blood, whose alkali reacts upon the former, affords a separation of ammonia, which contracts the bloodvessels; the potassium chloride contained adds its action to that of the ammonia. The drug is used in the treatment of menorrhagia and hæmoptysis, as an active remedy in leucorrhœa, and as a general hæmostatic in capillary hemorrhage. The extract is given as a pill of one or two grains, of which twenty-four to forty-eight each day are taken. Injections are of the strength of from 1 to 16 to 128.—*American Journal of Pharmacy*, 1897, No. 6, p. 290.

The Influence of Morphine Upon Hydrochloric Acid of the Stomach.—DR. F. K. KLEINE shows, from experiments on dogs, that morphine markedly delays gastric digestion, and when continued diminishes the secretion of hydrochloric acid. The facts are independent of each other, for we may find after ten days a large secretion, while the digestion was severely affected on the fourth day. The latter may be explained on account of the motor paralysis of the stomach, which secondarily affects the mucous membrane by the fermentation which is set up. If this condition is lasting, then the hydrochloric-acid secretion gradually diminishes, and in long-continued morphinismus ceases. If the drug is stopped and the mucous membrane restored to health, the secretion of acid commences and increases gradually.—*Deutsche Medicinische Wochenschrift*, 1897, No. 21, S. 321.

Absorption of Iron.—DR. R. LÉFÈVRE cites many observations which prove that iron, when administered hypodermatically, is absorbed. He then reports an instance of the hypodermatic administration of a daily dose of two to two and one-half grains daily of iron citrate in a 4 per cent. aqueous solution. The improvement was rapid. The treatment was well borne, probably because the percentage of the solution employed was low.—*La Semaine Médicale*, 1897, No. 25, p. 197.

Treatment of Severe Dysentery.—MM. F. J. BOSCH and V. VEDEL recommend the use of intravenous injections of salt-water, reporting four instances